

Spinal Fusion

Definitions of Data Fields on Supplemental Data Collection Form

Date of operation: Date the operation was performed. This date must match the date of operation entered into the basic surgical patient denominator data entry screen.

Enter date in *MM/DD/YY* format, i.e., *MM* is the number of the month, *DD* is the day, and *YY* is the year. For example, April 15, 1997 is entered as 04/15/97.

Patient ID #: Patient identifier assigned by the hospital and may consist of any combination of no more than 12 letters and/or numbers. This number must match the patient ID # entered into the basic surgical patient denominator data entry screen.

Discharge date: Date the patient was discharged from the hospital.

Enter date in *MM/DD/YY* format, i.e., *MM* is the number of the month, *DD* is the day, and *YY* is the year. For example, April 15, 1997 is entered as 04/15/97.

Patient has rheumatoid arthritis: If the patient has physician-diagnosed rheumatoid arthritis, circle *Y* for yes; otherwise, circle *N* for no.

Patient has insulin-dependent diabetes: If the patient has diabetes that requires insulin therapy, circle *Y* for yes; otherwise, circle *N* for no.

Patient is on long-term (>1 week) steroid therapy: If patient has been on steroid therapy (≥ 10 mg/day of Prednisone or equivalent) for any condition for more than one week prior to the date of operation, circle *Y* for yes; otherwise, circle *N* for no.

For reasons other than surgical prophylaxis, was patient on antibiotics at the time of this surgery? If the patient was on antibiotics at the time of this surgery for suspected or confirmed infection at any body site, circle *Y* for yes; otherwise, circle *N* for no.

Has patient had more than one operation performed at this site during this admission? If the patient is being reoperated on at this same part of the body (e.g., a "redo") during this hospital stay, circle *Y* for yes; otherwise, circle *N* for no.

Parenteral antibiotic prophylaxis given within 2 hours before skin incision: If the first dose of a parenterally administered (IV or IM) antibiotic(s) is given within two hours before the skin is incised, circle *Y* for yes; otherwise circle *N* for no.

If *Y*, enter the code of the antibiotic *Agent* and the *Dose* in milligrams (*mg*) that was administered. List one or two agents and their dosages. If the dosage exceeds the allotted space of four digits, enter 9999. The names and codes of the antibiotics are on the attached list.

Type of operation: Circle *Primary* if this is the patient's first spinal fusion operation or *Revision* if previous fusion(s) have been performed.

Type of approach: Circle *Anterior* if the incision is through the front of the body; *Posterior* if it is through the back; or *Both anterior and posterior (Two-in-one)* if incisions are made on both sides of the body during the same trip to the operating room.

Implant: If a nonhuman-derived foreign body is permanently placed in the patient during the spinal fusion that will not be routinely manipulated for diagnostic or therapeutic purposes, circle *Y* for yes; otherwise, circle *N* for no.

Type of bone used: If the spinal fusion operation involves bone grafting, circle *Autologous* if the source of the bone was the patient; *Banked bone* if it came from a bone bank; or *None* if no bone was used in the operation. If both autologous and banked bone were used, circle *B*.

An open drain was left in place: If a drain that is not sealed against the entrance of outside air is left in place after the spinal fusion, circle *Y* for yes; otherwise, circle *N* for no. A Penrose drain is considered an open drain, a hemovac drain is not.